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CONFIRMATION NO. 7432

SERIAL NUMBER 10/748,897	FILING OR 371(c) DATE 12/29/2003 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. PALO-002
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APPLICANTS

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JUL

** CONTINUING DATA *****

This appln claims benefit of 60/510,008 10/08/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/12/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

24353

TITLE

Treatment of conditions through pharmacological modulation of the autonomic nervous system

FILING FEE RECEIVED 754	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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